U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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Labor Organization File Number 542–367 P.O. Box, Bidg., Room No., if any Street 5205 SO 2ND AVE City EVERETT State WA ZIP Code + 4 98203–4114 State WA ZIP Code + 4 98203–411 5. Position in labor organization. BUSINESS AGENT/HEALTH & WELFARE TRUSTEE: Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructors). A. Held an interest in, engaged in transactions with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seaking to represent. 6. Name and address of Employer (including trade name, if any). Name 7. a. Nature of Interest, Transaction, or income. TO THE BEST OF MY KNOWLEDGE, I HAVE NOT RECEIVED ANYTHING, (GIFTS, MONEY, ETC.) FROM ANY EMPLOYER. 7. b. Amount. Signature 15. Signature and verification. The undersigned declares, under pends of permit and other applicable penalties of the law, that all of the information to the best of the bush withing in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	O. MS OF	
4. Name, file number, and address of labor organization. Name TODD F, TAYLOR Labor Organization File Number 542–367 P.O. Box, Bidg, Room No., if any Street 5205 SO 2ND AVE City EVERETT State WA ZIP Code + 4 98203–4114 State WA ZIP Code + 4 98203–4114 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonetary value from an employer whose employees your organization represents or is actively seeking to represent. 7. A. Nature and address of Employer (including trade name, if any). Name TO THE BEST OF MY KNOWLEDGE, I HAVE NOT RECEIVED ANYTHING, (GIFTS, MONEY, ETC.) FROM ANY EMPLOYER. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	1. File Number U - 1/488	2. Fiscal Year Covered From:
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submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Sigr	nature
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	submitted in this report (including the information contained in any accompany	ying documents), has been examined by the signatory and is, to the best of the

Telephone Number

Name of Person Filing TODD F. TAYLOR	File Number U-		
B. Held an in setest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name NORTHWEST PLUMBING & PIPEFITTING INDUSTRY HEALTH, WELFARE AND VACATION TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 34203 Street 2815 SECOND AVE, SUITE 300 City SEATTLE State WA ZIP Code + 4 98124	a. Labor Organization X b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name NORTHWEST PLUMBING & PIPEFITTING INDUSTR HEALTH, WELFARE AND VACATION TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 34203	11.a. Nature of such dealing. ATTENDANCE AT I.F.E.B.P. ANNUAL CONFERENCE, 2004, NEW ORLEANS, LA ATTENDANCE AT TRUST MEETING, POST FALLS, ID 2004		
Street 2815 SECOND AVE, SUITE 300 City SEATTLE State WA ZIP Code + 4 98124	11.b. Approximate dollar value of such dealing. \$4,994.61 12.a. Nature of interest held or income received. REIMBURSEMENT FOR TRAVEL, MEALS, LODGING AND WAGES		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		